BECHTEL NEVADA-WMD TRAINING COURSE
RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Name _____SSN_____ Date _____

Employers Name and Address _____

Job Title _____ Sex _____ Age _____

Glove Size _____ Tyvek Suit Size _____ Height _____Weight _____ Boot Size _____

Are you trained to wear a respirator? _____ Yes _____ No

Are you trained to wear Self Contained Breathing Respirator (SCBA) _____ Yes _____ No

TO BE COMPLETED BY PHYSICIAN OR COMPANY MEDICAL REPRESENTATIVE

Does the patient now have or have they ever had any of the following:		**YES**	**NO**
1. Cardiovascular Disease	1.	____	____
2. Pulmonary Disease	2.	____	____
3. Smoke Tobacco	3.	____	____
4. Persistent Cough	4.	____	____
5. Heart Trouble	5.	____	____
6. Shortness of Breath	6.	____	____
7. History of Fainting or Seizures	7.	____	____
8. High Blood Pressure	8.	____	____
9. Diabetes	9.	____	____
10. Fear of Tight or Enclosed Places	10.	____	____
11. Sensation of Smothering	11.	____	____
12. Heat Exhaustion or Heat Stroke	12.	____	____
13. Ruptured Ear Drum	13.	____	____
14. Defective Vision	14.	____	____
15. Defective Hearing	15.	____	____
16. Contact lenses or glasses	16.	____	____
17. Taking Prescription Medication	17.	____	____
18. Problems wearing a respirator	18.	____	____
19. Other conditions that might interfere with respirator use or limit work ability	19.	____	____

Please explain any YES answers:

_____

_____

I approve/do not approve (circle one) the above named person to wear a respirator (50 lbs) and protective clothing (sealed impermeable suit) and engage in activities to include: walking in protective clothing, lifting equipment and casualties, conducting physical activities associated with emergency response operations, in a desert climate. **FOR TRAINING PURPOSES ONLY** for participation in the Bechtel Nevada WMD course.

Physician Signature: _____ License Number: _____
OR
Company Medical Representative:_____Title:_____Phone:_____

Privacy Act Statement
The information requested on this form is protected by the Privacy Act of 1974. The purpose for requesting this information is to enable proper processing of your information for access to the U.S. Department of Energy, Nevada Operations training facilities. Failure to provide the requested information may preclude processing your training request.